DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

As the below named inventor(s), I/we declare that:				
This declaration is directed to:				
The attached application, or				
as amended on(if applicable);				
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;				
I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;				
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and				
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.				
FULL NAME OF INVENTOR(S)				
Inventor one: Kim B. ROBERTS				
Signature: 1/m B PROVS Citizen of: Canada				
Inventor two: Wolfgang OBERHAMMER				
Signature: Citizen of: Canada				
Inventor three: Maurice S. O'SULLIVAN				
Signature: Citizen of: Canada				
Inventor four: Roland A. SMITH				
Signature: Canada Citizen of: Canada				
Signature: Command on Additional form(s) attached hereto				

Burden Hour Statement. This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

1		
Application Number		
Filing Date		
First Named Inventor	Kim B. ROBERTS	
Title	DECORRELATIION OF WDM SIGNALS	
Group Art Unit		
Examiner Name		
Attorney Docket Number	9-13528-153US	

OR	ers at Customer Number 20988	Place Customer Number Bar Code Label here			
Practitions	er(s) named below:				
 	Name	Registration Number			
ļ					
<u> </u>					
<u> </u>					
<u> </u>					
as my/our attorn	ey(s) or agent(s) to prosecute the a	oplication identified above, and to transact all			
	United States Patent and Trademark				
Please change th	ne correspondence address for the	above-identified application to:			
The above-	mentioned Customer Number.				
OR		Place Customer			
Practitioners	s at Customer Number	Number Bar Code Label here			
OR					
Firm or Individual Nat	Firm or Individual Name OGILVY RENAULT				
Address	1981 McGill College Ave	enue			
Address	Suite 1600				
City	Montreal	State Quebec Zip H3A 2Y3			
Country	Canada				
Telephone	613-230-6072	Fax 613-230-6706			
I am the:					
Applicant	/Inventor				
Applicant	/inventor.				
Assignee	of record of the entire interest. See	37 CFR 3.71.			
Statemer	nt under 37 CFR 3.73(b) is enclosed	. (Form PTO/SB/96).			
SIGNATURE of Applicant or Assignee of Record					
Name	Kim B. ROBERTS	Wolfgang OBERHAMMER			
	Ihm by king	(1) (1) / (2)			
Signature					
Date	Des 7/2001	Dec, 06, 2001			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
T *Total of 2	forms are submitted				

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

		•		
Application Number				
Filing Date				
First Named Inventor	Kim B. ROBERTS			
Title	DECORRELATIION OF WOM SIGNALS			
Group Art Unit				
Examiner Name				
Attorney Docket Number	9-13528-153US			

OR		0988		Place Customer Number Bar Code Label here			
- Tradition	Name		Registration	n Number			
	Hanto						
and a second							
THE							
_ 11	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Please change t	he correspondence address for	the above-identif	ied application to:				
Trie above	mentioned Customer Number.						
<i>≦</i> OR □	at Ourton an Number			ce Customer nber Bar Code			
	s at Customer Number			el here			
Firm or	OCH INI DENI III						
Firm or Individual Na	ame OGILVY RENAULT	OGILVY RENAULT					
Address	1981 McGill College	1981 McGill College Avenue					
Address	Suite 1600						
City	Montreal	s	tate Quebec	Zip H3A 2Y3			
Country	Canada						
Telephone	613-230-6072	F	ax 613-230-67	06			
I am the:							
Applican	t/Inventor.						
	Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record							
Name	Maurice S. O'SULLIVAN		Roland A.	SMITH			
Signature	250'20'		Polan	, ASm)			
Date	DEC 10 2001		Dec 6	12001.			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Total of 2	forms are submitted.						